

Case Number:	CM13-0037922		
Date Assigned:	12/18/2013	Date of Injury:	05/14/2002
Decision Date:	03/10/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 65-year-old male who reported an injury on 05/14/2002. The mechanism of injury was not provided within the medical records. The patient has a history of bilateral carpal tunnel release and more recently, complaints of cumulative trauma to the cervical spine, due to a non-ergonomic work space. The patient most recently presented to the clinic with complaints of stiffness to the neck; he received 6 sessions of physical therapy with reported relief. All the clinical notes submitted for review reveal that the patient has intact sensation and only mild cervical range of motion deficits; approximately 5 to 10 degrees less than normal. The patient utilizes medications, to include Kadian 20 mg at bedtime, to control his cervical discomfort. The patient also performs a home exercise program, but states the gym machines that he utilized during physical therapy were most effective at controlling his neck discomfort; these gym machines were not identified. There was no other clinical information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Gym Membership for the neck (months) QTY: 3.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gym Membership

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, Low Back, Gym Memberships

Decision rationale: The California MTUS/ACOEM Guidelines did not specifically address the use of gym membership; therefore, the Official Disability Guidelines were supplemented. ODG does not recommend gym memberships as a medical prescription unless a documented home exercise program with periodic assessment and revision, has not been effective and there is a need for equipment. Furthermore, guidelines state that unsupervised programs do not allow information to flow back to the provider to make changes where indicated, and there may be risk for further injury. The clinical information submitted for review did not provide any evidence that the patient required certain gym exercise equipment or that he has failed a home exercise program. As such, the guideline requirements have not been met, and the request for gym membership for the neck (months) quantity: 3.00 is non-certified.